



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E401820**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION ☐

CASE #	15-00452	
LOCAL AGENCY CODING	0664	
TOTAL # OF UNITS	02	OBJECT STRUCK <input type="checkbox"/>

DATE OF COLLISION	02	-	17	-	2015	TIME (2400)	1346	COUNTY #	31	MILES	0	N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>	IN <input checked="" type="checkbox"/> OF <input type="checkbox"/>	CITY #	0664
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ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒

4TH ST NE BLOCK NO. ☒ **9500**

MILE POST ☐

DISTANCE **0** **25** MILES ☒ N ☐ E ☒ OF (REFERENCE OR CROSS STREET) **97TH AVE NE**

FEET ☐ S ☐ W ☐

UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE **D: 4253278692**

LAST NAME **BILLETT** FIRST NAME **JAKE** MIDDLE INITIAL **D**

STREET NEW ADDRESS **1422 85TH DR NE**

CITY **LAKE STEVENS** ST **WA** ZIP **982582488**

CDL ☐ RESTRICTIONS ☐ ENDORSEMENTS ☐

DRIVER'S LICENSE # **BILLEJD077K1** STATE **WA** SEX **M** D.O.B. **MMDDYYYY** **05** - **21** - **1993**

ON DUTY ☐ STATUS ☐ AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE **9** INJURY CLASS **1** NATURE OF INJURIES

LICENSE PLATE # **AOJ8219** STATE **WA** VIN# **KMHDN56D54U107422**

TRAILER PLATE # ☐ STATE ☐ TRAILER PLATE # ☐ STATE ☐

VEH. YEAR **2004** MAKE **HYUN** MODEL **ELA5D** STYLE **4H** VEHICLE TOWED YES ☐ NO ☒ TOWED BY ☐ GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. **JAKE BILLETT 1422 85TH DR NE LAKE STEVENS WA 98258**

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **ALLSTATE 976104482**

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # ☐ CHARGE ☐



UNIT 02 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE **D: 4258703079**

LAST NAME **MILLER** FIRST NAME **GENA** MIDDLE INITIAL **S**

STREET NEW ADDRESS **3624 DENSMORE RD**

CITY **MARYSVILLE** ST **WA** ZIP **982706848**

CDL ☐ RESTRICTIONS ☐ ENDORSEMENTS ☐

DRIVER'S LICENSE # **MILLEGS250OQ** STATE **WA** SEX **F** D.O.B. **MMDDYYYY** **09** - **18** - **1975**

ON DUTY ☐ STATUS ☐ AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE ☐ INJURY CLASS **7** NATURE OF INJURIES **COMPLAINED OF NECK PAIN**

LICENSE PLATE # **APD3492** STATE **WA** VIN# **1C4GP54L7YB517453**

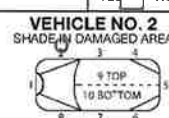
TRAILER PLATE # ☐ STATE ☐ TRAILER PLATE # ☐ STATE ☐

VEH. YEAR **2000** MAKE **CHRY** MODEL **TOWSW** STYLE ☐ VEHICLE TOWED YES ☐ NO ☒ TOWED BY ☐ GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. **PETER MILLER 3624 DENSMORE RD MARYSVILLE WA 98270**

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **ALLSTATE 976184146**

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # ☐ CHARGE ☐



OFFICER'S NAME (PRINT) **CHAD CHRISTENSEN** BADGE OR ID # **075** AGENCY **WA0311900**



STATE OF WASHINGTON
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1591972

CORRECTION

REPORT NO. **E401820**

CASE # **15-00452**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		MILLER SIMMON I																
ADDRESS & PHONE #		3624 DENSMORE MARYSVILLE WA 98270																
		SEX	M	D.O.B. MMDDYYYY	04			03			2004							
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	8	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)		MILLER EVELYN D																
ADDRESS & PHONE #		3624 DENSMORE MARYHILL WA 98270																
		SEX	F	D.O.B. MMDDYYYY	01			15			2009							
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	10	AIRBAG	2	RESTR.	9	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)		MILLER BEN R																
ADDRESS & PHONE #		3624 DENSMORE MARYSVILLE WA 98270																
		SEX	M	D.O.B. MMDDYYYY	03			27			2007							
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	11	AIRBAG	2	RESTR.	9	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES

NARRATIVE

Unit 2 was westbound on 4th St NE. Unit 1 was eastbound on 4th St NE and failed to grant the right away to Unit 2 and made a left turn in front of Unit 2. Unit 2 struck Unit 1 at Unit 1's passenger rear. Driver of Unit 2 complained of neck pain. Both vehicles were driven away from the location.

**** AUTO-POPULATED SECTION ****

THE FOLLOWING ARE DESCRIPTIONS ENTERED FOR ITEMS SELECTED AS "OTHER":

Motor Vehicle Unit 2

Seat Position (Passenger EVELYN MILLER): THIRD ROW SEATING

**** END OF AUTO-POPULATED SECTION ****

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

CHAD CHRISTENSEN		02-18-15 07:51 AM	
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST. DET	DATED	PLACE SIGNED
APPROVED BY ROBERT MINER 095		DATE 2/19/2015 3:31:45 AM	
BADGE OR ID #	075	ORI #	WA0311900
TIME POLICE DISPATCHED		1:46 PM	
TIME POLICE ARRIVED		1:49 PM	



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NAME (LAST, FIRST, MIDDLE INITIAL)		MILLER HANNA E																
ADDRESS & PHONE #		3624 DENSMORE MARYSVILLE WA 98270																
SEX		F		D.O.B. MMDDYYYY		09		-		21		-		2001				
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	3	AIRBAG	2	RESTR.	9	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #																		
SEX				D.O.B. MMDDYYYY				-				-						
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #																		
SEX				D.O.B. MMDDYYYY				-				-						
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

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CHAD CHRISTENSEN

INVESTIGATING OFFICER'S SIGNATURE

02-18-15 07:51 AM

UNIT OR DIST. DET

DATED

PLACE SIGNED

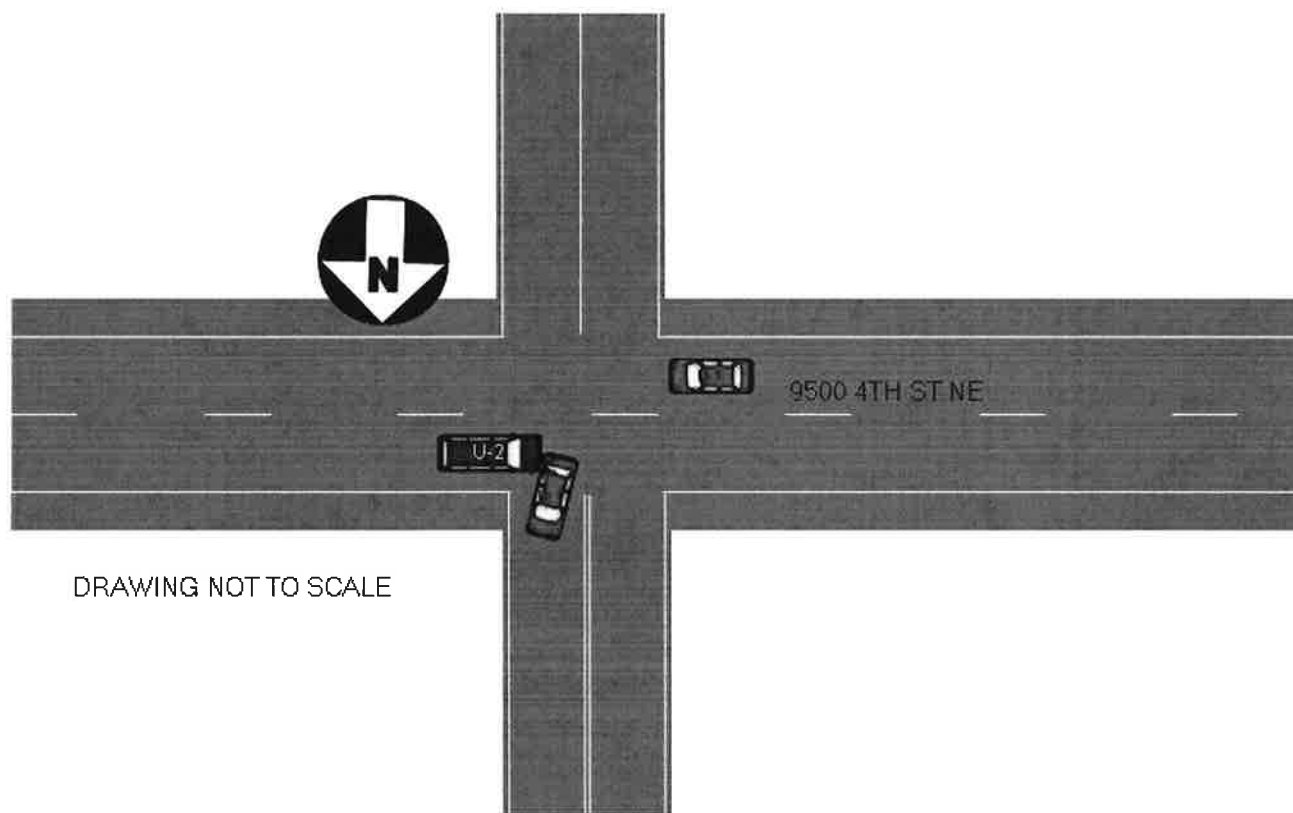
APPROVED BY

DATE

ROBERT MINER 095

2/19/2015 3:31:45 AM

BADGE OR ID #	075	ORI #	WA0311900	TIME POLICE DISPATCHED	1:46 PM	TIME POLICE ARRIVED	1:49 PM
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LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

15-00452



VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Billett, Jake Daniel	RACE W	ETH W	SEX M	DOB 05/21/93	AGE 21	HGT 6	WGT 150	HAIR BRN	EYES BLU
STREET ADDRESS 1422 85th dr NE		CITY Lake Stevens			STATE WA	ZIP 98258	RES. STATUS			
HOME PHONE		CELL PHONE 425-327-8642			PLACE OF EMPLOYMENT Red Robin					
WORK PHONE		EMAIL ADDRESS jake.billett@gmail.com								

I, Jake Billett, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was turning into the parking lot heading toward Target from highway 9 when my car was hit in the back right.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <i>[Signature]</i>	DATE SIGNED 2/17/15	LOCATION SIGNED
OFFICER/NUMBER: <i>C. [Signature]</i> #75	DATE SIGNED 2/17/15	LOCATION SIGNED

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

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LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT



CASE NUMBER 15-00452

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) MILLER GENA S	RACE W	ETH	SEX F	DOB 9-18-75	AGE 39	HGT 5'3"	WGT 150	HAIR BRN	EYES BRN
STREET ADDRESS 3624 DENSMORE RD.		CITY MARYSVILLE			STATE WA	ZIP 98270	RES. STATUS			
HOME PHONE		CELL PHONE 425 870 3079			PLACE OF EMPLOYMENT HOMEMAKER					
WORK PHONE		EMAIL ADDRESS genamiller@clearwire.net								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I WAS TRAVELLING W. TOWARD HWY 9 WHEN
A CAR TURNED LEFT IN FRONT OF ME.
I ATTEMPTED TO STOP BUT HIT THE REAR
OF THE CAR.
THE OWNER ~~EXCHANGED~~ GAVE ME HIS INSURANCE +
CONTACT INFORMATION AND LEFT.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <i>Gen Miller</i>	DATE SIGNED 2-17-15	LOCATION SIGNED
OFFICER/NUMBER: <i>C Christ #75</i>	DATE SIGNED 2/17/15	LOCATION SIGNED

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PAGE 1 OF 1

Incident History for: #SS15003202

Case Numbers: \$SS15000452

Entered 02/17/15 13:46:38 BY SPCT03 SP0298
Dispatched 02/17/15 13:46:48 BY SPSC40 SP0320
Enroute 02/17/15 13:46:48
Onscene 02/17/15 13:49:35
Closed 02/17/15 14:23:20

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS003 Fire BLK: AG1418 Map Page: 397E-2 Group: SS1 Beat: SOUT

Src: T

Loc: 4 ST SE/92 AV SE , LKS (V)

Loc Info: ON 4 ST

Name: MILLER, GENA

Addr:

Phone: 4258703079

/1346 (SP0298) ENTRY , CC, BLU TOWN & COUNTRY MINI VAN VS RED HYUNDAI
PC, NON INJ, NON BLKG , PULLED INTO PLOT AT GLAS
S BY LUND
#SS75 CHRISTENSEN, OFCR (CHAD)
/1346 (SP0320) DISPER 19D3
/1349 (SP0112) ONSCNE 19D3
/1355 ASNCAS 19D3 \$SS15000452
/1407 (SS75) REMINQ 19D3 MDTVEH, AOJ8219, , WA, , , , , , , , ,
/1407 REMINQ 19D3 MDTVEH, ADP3492, , WA, , , , , , , , ,
/1423 (SP0112) CLEAR 19D3 D/H
/1423 CLOSE 19D3